

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/578756

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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31						
32						
33						
34						
35						
36						
37						
38						
39						
40	1	1				
41		2				
42		2				
43		1				
44	1	2				
45		2				
46	2	2				
47	2	2				
48	2	2				
49	2	2				
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56	1	1				
57		1				
58		2				
59		2				
60		1				
61	1					
62		2				
63		2				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
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86						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		2		↓		
TOTAL DEP.		13	←		←	←
TOTAL CLAIMS		45				